

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Charles F Boone Jr
Ellicott City

Town

County

Howard

MARYLAND

Date

of death 190

5

Month

May

Day

18

Age

Years

Months

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Howard Co

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Charles F Boone

Father's
Birthplace

Md

Mother's
Maiden Name

Frances Diminsky

Mother's
Birthplace

Md

Name of person giving
information

Father C F Boone

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inanition

How long

21 days

Immediate

Cerebral

How long

About

Are the name, age, sex, color, date
and place correctly given above?

Yes

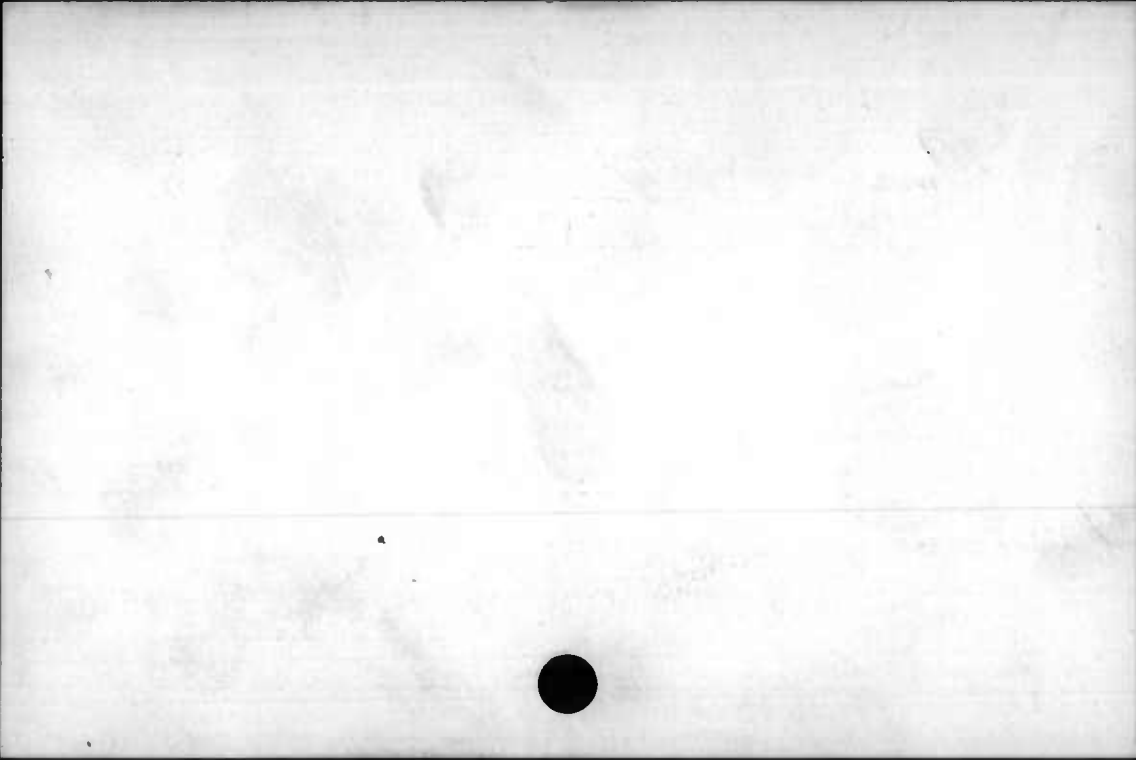
Signature of
Physician

Address

Jno. M. B. Dwyer

Ellicott City, Md.

Accident or Suicide?



Name
in
Full

Wilhelmina Margaretha Brummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

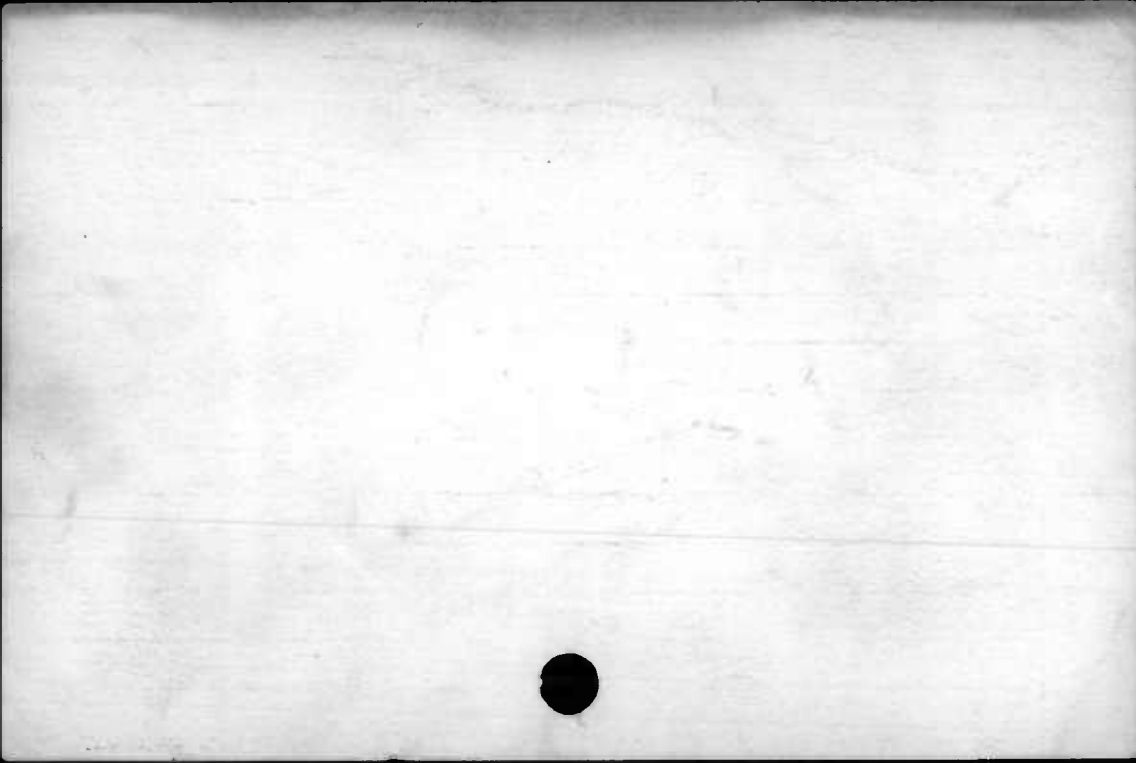
MARYLAND

Died at <u>Guilford</u> ^{Town}		County <u>Howard</u>				
Date of death	<u>1905</u>	Month <u>May</u>	Day <u>20</u>	Years <u>25</u>	Months <u>5</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Kreuznach Germany</u>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>August Brummer</u>				
Father's Name <u>Valentine Konradt I</u>		Father's Birthplace <u>Germany</u>				
Mother's Maiden Name		Mother's Birthplace <u>"</u>				
Name of person giving information <u>August Brummer</u>		How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary <u>La Grippe</u>	How long <u>unknown</u>
Immediate <u>Tuberculosis</u>	How long <u>about two years</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. Q. Keenan</u>
	Address <u>Guilford, Md.</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Adon Bunk

CERTIFICATE OF DEATH

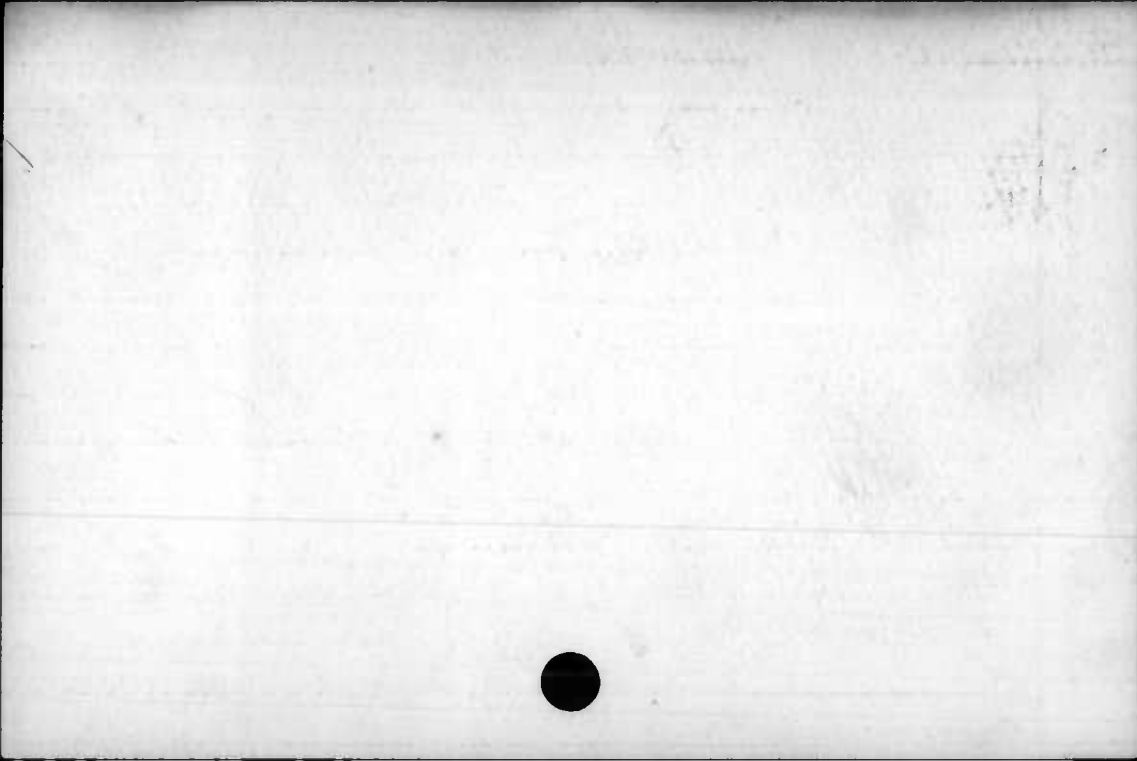
TO BE ANSWERED BY
NEAREST FRIEND

Died at _____		Town _____		County _____		MARYLAND	
Date of death	1905	Month	May	Day	22	Age	50
Sex	male	Color or Race	white	Birth-place	Germany		
Married, Single or Widowed	widower			Occupation	none		
Name of Wife or Husband _____							
Father's Name _____				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information				Ferdinand Meets		How related to deceased	
						son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart + Kidney disease		How long	3 years
Immediate	same		How long	same
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Arthur Williams	
			Address	
			Elk Ridge Ind	
Accident or Suicide?		no		



Name
in
Full

James Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Elk Ridge

County Howard

Date of death 1905 May

Day 7

Age 70

Months

Days

Sex Male

Color or Race

Colored

Birthplace

Maryland

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Fannie Collins

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Joseph Jones

How related to deceased

none

CAUSES OF DEATH

Primary

Alcoholism

How long

years

Immediate

Acute pulmonary tuberculosis

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

yes

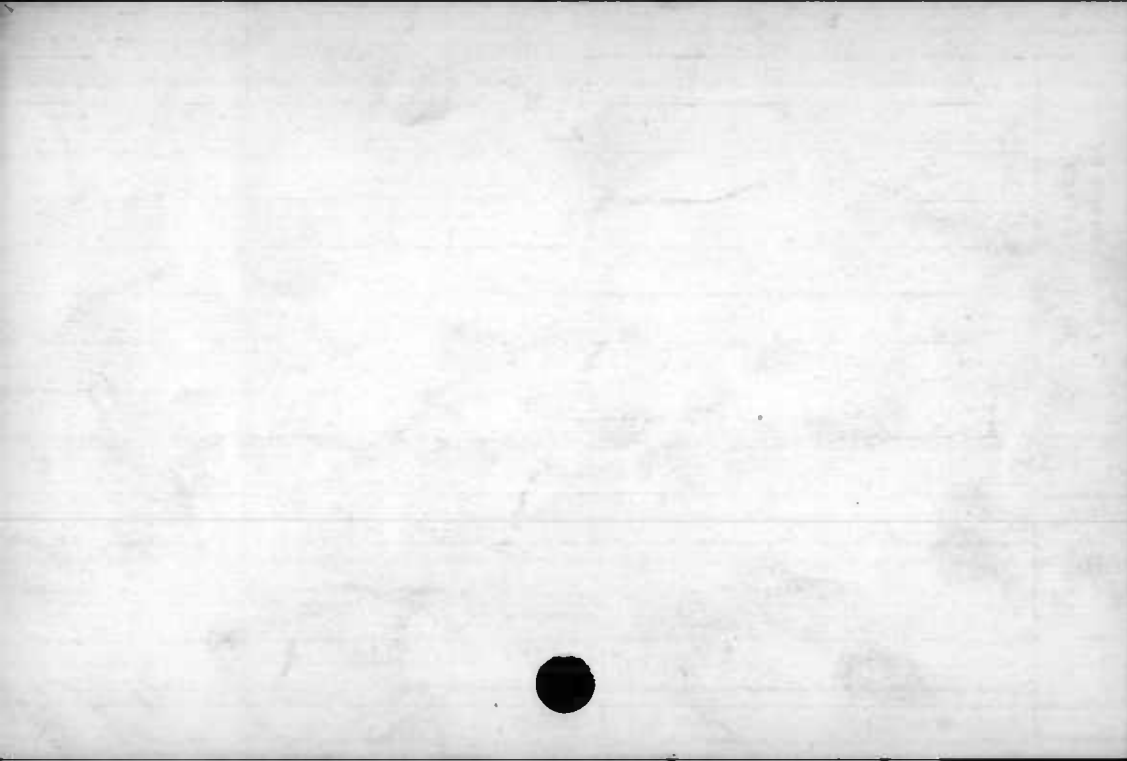
Signature of Physician

Wm R. Eareckson

Address

Elk Ridge, Md

Accident or Suicide?



Name
in
Full

Lush Daby

CERTIFICATE OF DEATH

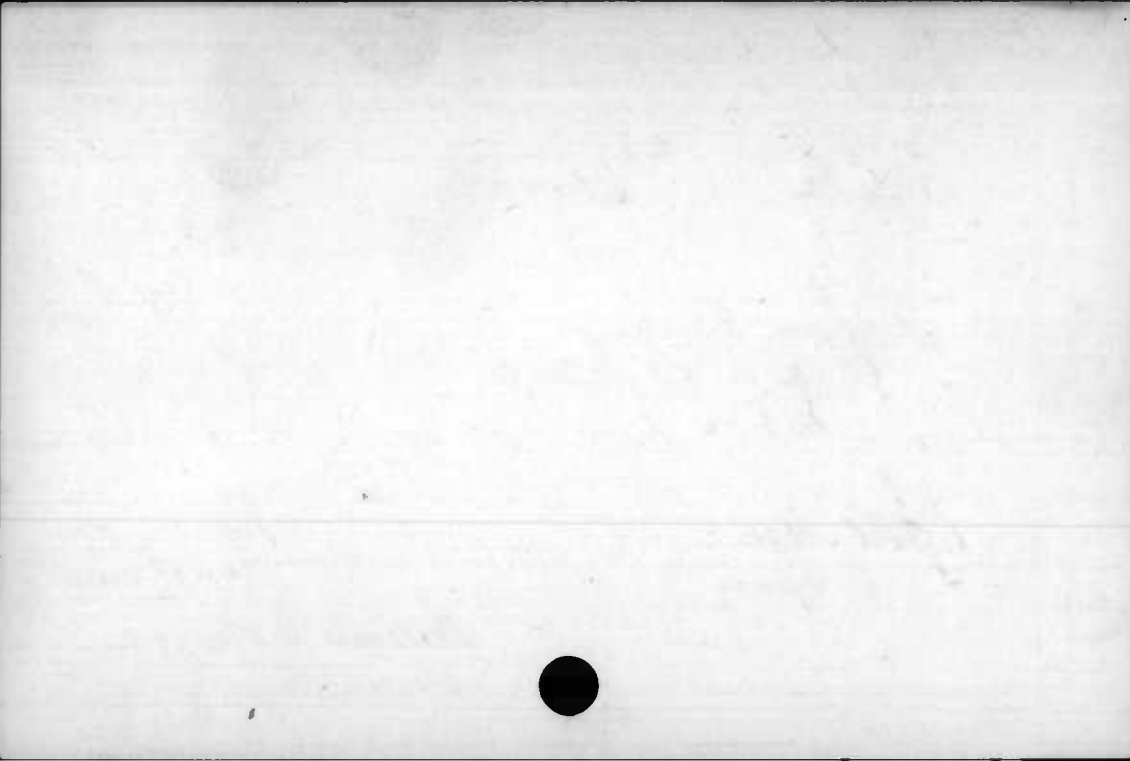
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkridge</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 1905	Month <i>5</i>	Day <i>23</i>	Age <i>—</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Elkridge</i>		
Married, Single or Widowed <i>+</i>			Occupation		
Name of Wife or Husband <i>+</i>					
Father's Name <i>John Daby</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Maria Brown</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>John Daby</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsion</i>	How long <i>1 day</i>
Immediate <i>+</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison T. ...</i>
	Address <i>Elkridge md</i>
Accident or Suicide?	



Name
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Full

George H. Doyle

CERTIFICATE OF DEATH

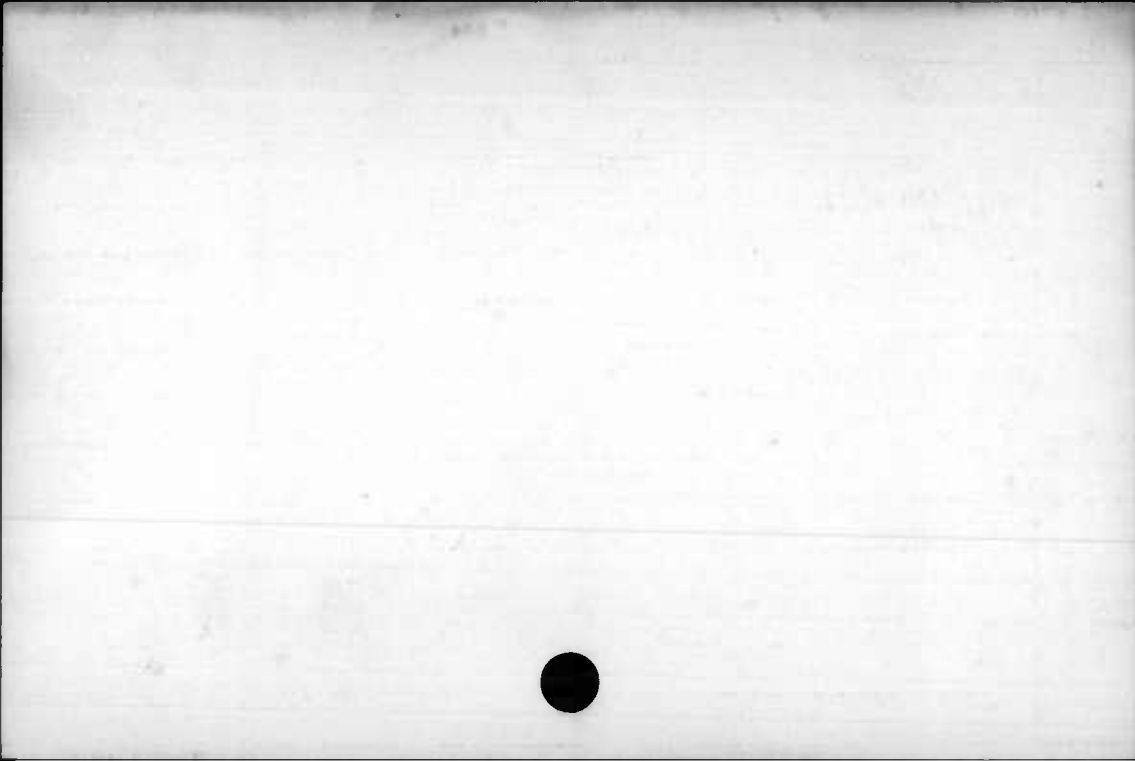
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death 190	5	Month <i>May</i>	Day <i>16</i>	Age <i>80</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>colored</i>			Birth- place			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving in formation <i>James E. Hobbs</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>177</i> ✓
Immediate <i>Dropsy</i>	How long <i>run 2 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William E. Hodges</i>
<i>J</i>	Address <i>Ellicott City</i> <i>Md.</i>
Accident or Suicide?	



Name
in
Full

Harriet Ellen Gibson

CERTIFICATE OF DEATH

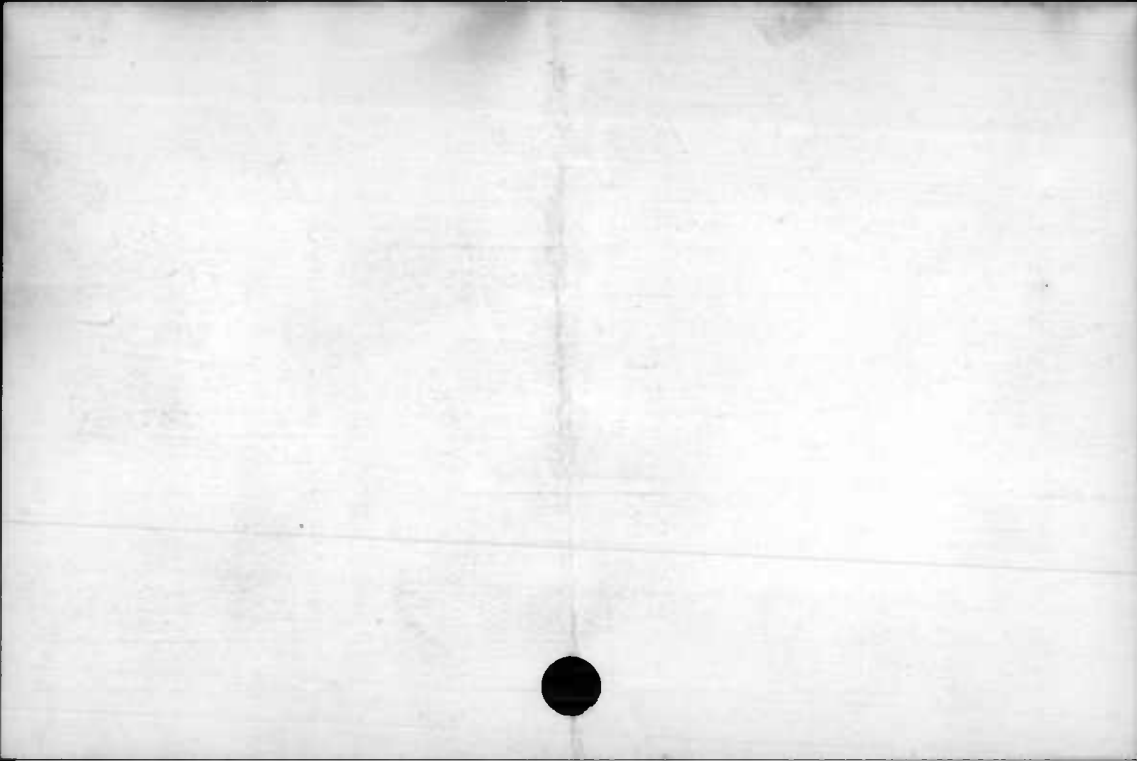
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullon</u> ^{Town}		<u>Howan</u> ^{County} <u>Co</u>		MARYLAND	
Date of death	<u>1905</u> ^{Month} <u>May</u> ^{Day} <u>18th</u>	Age <u>40</u> ^{Years}		Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Howan Co</u>			
Occupation <u>House - work</u>	Where Residing if not at place of death <u>Fullon Ind</u>				
Married, Single, or Widowed <u>Married</u>	Name of Wife or Husband <u>Manford Gibson</u>				
Father's Name <u>Unknown - Myers</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Manford Gibson</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. Ryerly</u>
	Address <u>Lucifer Ind</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Mar Lucy M. Hoffman,
 Town County

Died at Glenwood, Howard County, MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1905 May 1, Age 71 10 7, Virginia
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living four.

Husband of H. K. Hoffman,
 Wife

Father's Name Dr. H. H. Kuster, Mother's Name Martha M. Day,

Cause of Primary Interstitial Nephritis, (long sick) two years,

Death Immediate Failing of vital power 3. Accident, Suicide, Homicide

Reported by J. Walter Day M. D.

Address Glenwood Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

George Edward Hooper

CERTIFICATE OF DEATH

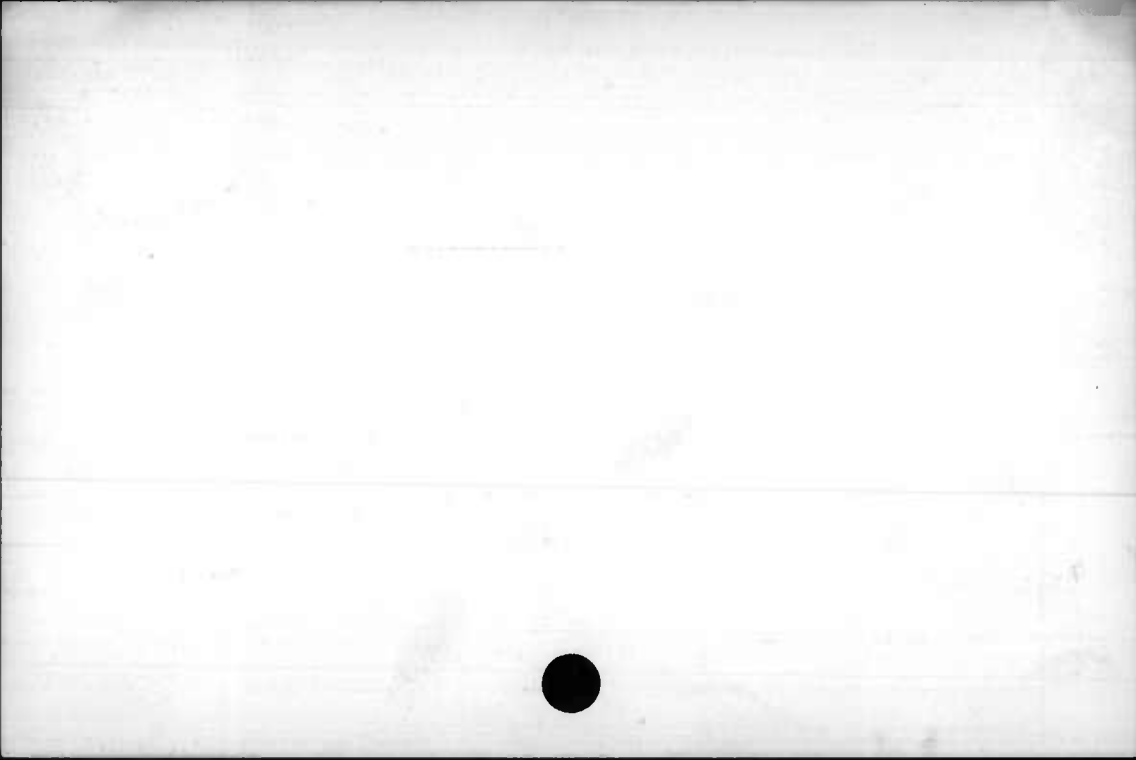
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>10 a.m.</u>		Town <u>Howard</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1905</u>		Month <u>May</u>		Day <u>12</u>		Age <u>7</u>	
Sex <u>Male</u>		Color or Race <u>Negro</u>		Birth-place <u>Dairy Mt.</u>		Months <u>7</u>	
Occupation <u> </u>				Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>				Name of Wife or Husband <u> </u>			
Father's Name <u>William Gary</u>				Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>F. Mary Hooper</u>				Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>F. Mary Hooper</u>				How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Underdeveloped physical</u>		How long <u>Since birth</u>	
Immediate <u>emotional asthma</u>		How long <u>7 days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. W. Lacy</u>	
<u> </u>		Address <u>Lisbon, Md.</u>	
Accident or Suicide? <u> </u>			



Name
in
Full

O A Machen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hanover</i>			County <i>Hovork</i>			MARYLAND	
Date of death	1905	Month <i>May</i>	Day <i>1</i>	Years <i>31</i>	Age <i>31 yrs</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>			Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

B.B. Accident

How long

Immediate

Shock

How long

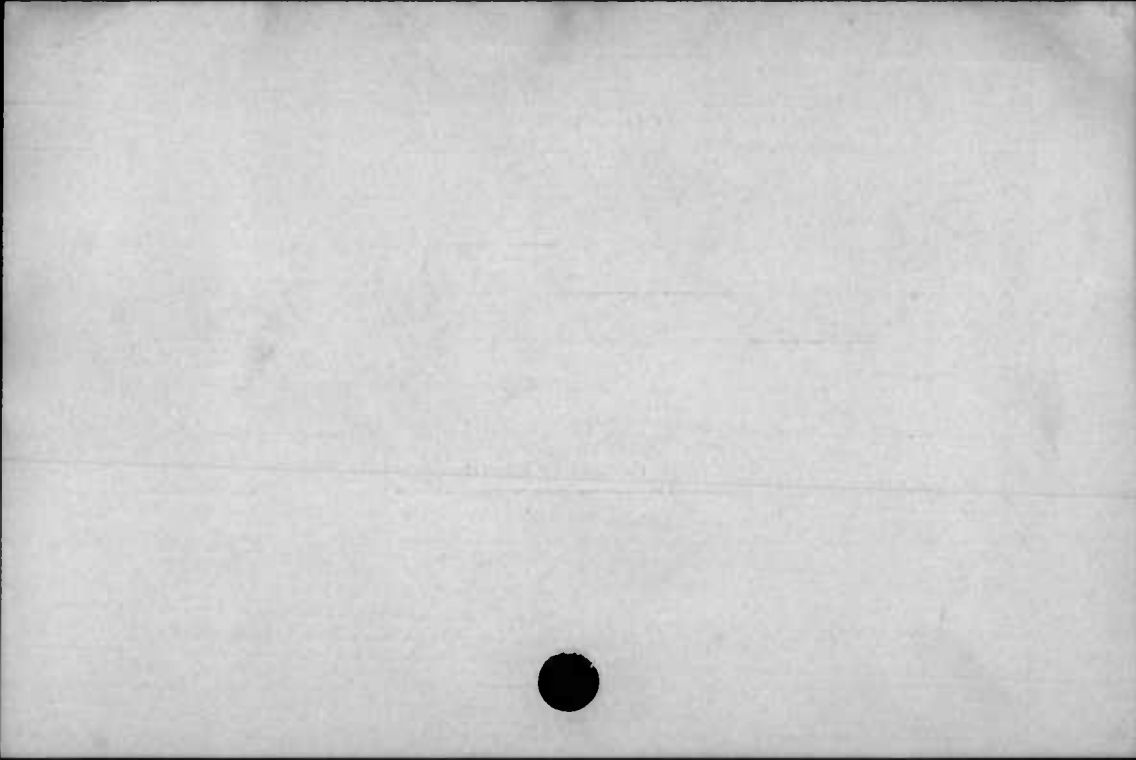
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Coroner**Henry J. Bell*

Accident or Suicide?



Annie Elizabeth Schlifegrell

Town

County

Died at

Ellicott City

Hawand

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

May 7

Age

62 - -

Maryland House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Three

Husband

of

Crist Schlifegrell

Father's

Name

Maddheam

Mother's

Maiden Name

Cause of

Primary

Chronic Nephritis

How long sick

Three years

Death

Immediate

General Debilitation

Accident, Suicide, Homicide

Reported by

L. C. Keenan M. D.

Address

Gulfard End.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ann Amanda Schofield

CERTIFICATE OF DEATH

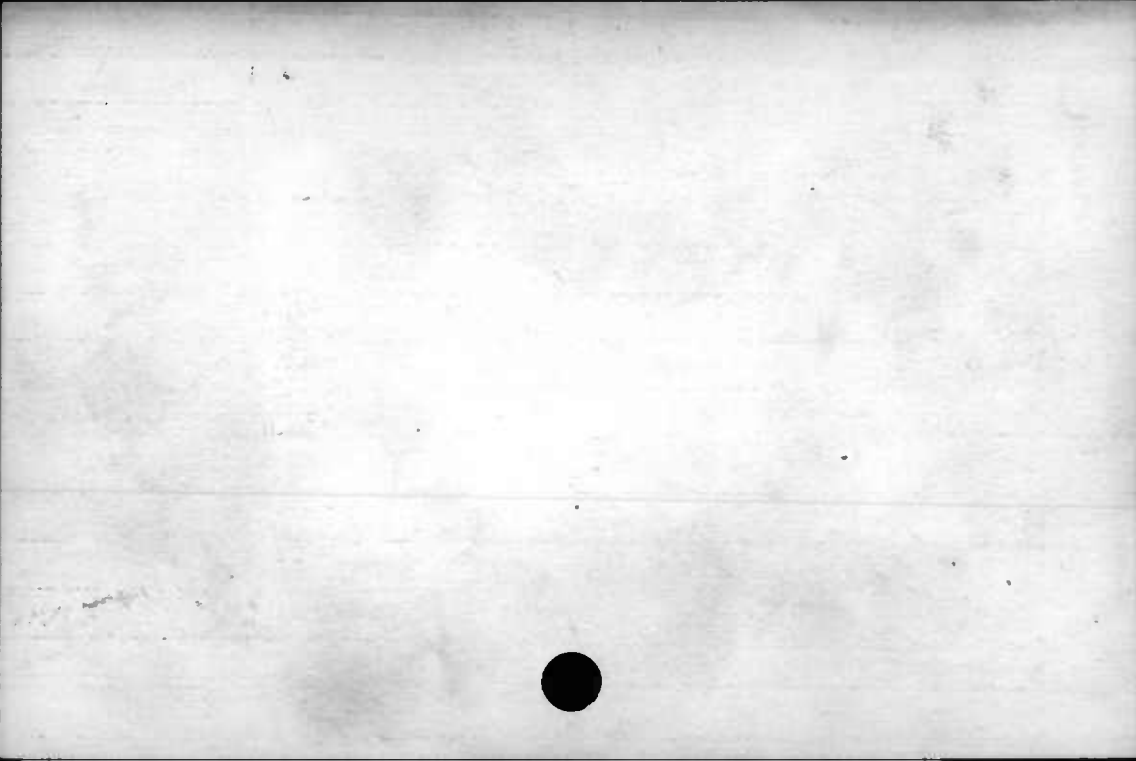
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>May</i>	Day	<i>30</i>	Age	<i>87</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>	Months	<i>—</i>
Occupation	<i>—</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>John Schofield</i>					
Father's Name	<i>Josephus Holland</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Margaret Coogle</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Margaret Mercer</i>				How related to deceased	<i>Niece</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>about 12 months</i>
Immediate	<i>Embolism - Cerebral</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>William E. Hodges</i>
		Address	<i>Ellicott City - Md</i>
Accident or Suicide?			



Name
in
Full

Shuppard, Elsie Pearl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mont View</i>		Town <i>Mont View</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>5</i>		Day <i>25</i>		Age <i>9</i>	
Sex <i>Female</i>		Color or Race <i>Caucas</i>		Birth-place <i>Ind -</i>		Months <i>-</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>		Father's Name <i>Samuel Shuppard</i>		Father's Birthplace <i>Ind -</i>	
Mother's Maiden Name <i>Rosa Ellen Lincoln</i>		Name of person giving information <i>Alfred Edw. Lincoln</i>		Mother's Birthplace <i>Ind -</i>		How related to deceased <i>Grandfather</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pleuritis</i>	How long <i>2 Wks -</i>
Immediate <i>Unknown</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Frank Lucas M.D.</i>
	Address <i>Sykesville Ind -</i>
Accident or Suicide?	

